

Utah Work Incentive Planning Services (UWIPS) Referral Form

(An appropriate referral is a **current** recipient of SSI or SSDI)

Consumer Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail Address: _____

Birth Date: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Recipients' other funding sources/agency
assistance and amounts (if known):

(Please check as many as apply.)

- | | |
|--|----------|
| <input type="checkbox"/> SSI | \$ _____ |
| <input type="checkbox"/> SSDI | \$ _____ |
| <input type="checkbox"/> Concurrent SSI/SSDI | \$ _____ |
| <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Medicaid | |
| <input type="checkbox"/> Subsidized Housing | |
| <input type="checkbox"/> Food Stamps | \$ _____ |
| <input type="checkbox"/> TANF/FEP | \$ _____ |
| <input type="checkbox"/> General Assistance | \$ _____ |
| <input type="checkbox"/> Other: | |

Please indicate: _____

Affiliated Agencies: _____

Current Employment Status:

Gross Monthly Earnings: \$ _____

Primary Disability: _____

Special Language or other Consideration:

- ☐ Sign Language
☐ English as a Second Language
☐ Other:

Please indicate: _____

Representative Payee/Guardian Info

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

E-Mail Address: _____

Referral Source Information

Date of Referral: _____

Referral Name: _____

Referral Agency: _____

Referral Phone Number: _____

E-Mail Address: _____

Comments/Notes: _____

Please FAX this form to (801) 887-9389 or email to USORUWIPS@utah.gov.
For more information call (801) 887-9530